

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008		Docket Number (Optional) 102314-0160	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number	10/765,006-Conf. #6758	Filed	January 26, 2004
For METHODS AND APPARATUS FOR REMOTE PROCESS CONTROL			
Art Unit	2616	Examiner	T. H. Vu
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$ <u>1,050.00</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card via EFS Web.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141449</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,435</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____/Joshua T. Matt/ Signature		_____ Date	
_____ Joshua T. Matt		_____ (617) 439-2000	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Certificate of Electronic Transmission (37 C.F.R. 1.8)

I hereby certify that this correspondence is being electronically transmitted via EFS-Web to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on the date set forth below.

January 2, 2008

By: /Joshua T. Matt/

Date of Signature and Deposit

Joshua T. Matt, Reg. No. 55, 435
Attorney for Applicants